| POSITION | INITIALS | ID NO. | DATE |
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| FORMALITY REVIEW | E H | H S | 9-24-01 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

✔ ............................... Rejected
= ............................... Allowed
— (Through numeral)... Canceled
÷ ............................... Restricted

N ................................. Non-elected
I ................................. Interference
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| Claim Final | Original | Date | | | | | | | | | |
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| | 5 | ✔ | ✔ | | | | | | | | |
| | 6 | ✔ | ✔ | | | | | | | | |
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| | 14 | | ✔ | | | | | | | | |
| | 15 | | ✔ | | | | | | | | |
| | 16 | | ✔ | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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